S	CHEDULE B (FEC Form 3)	Use seperate schedule	(e)	FOR LINE	1 1 1 0 1 0 1	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Pag	è	(check only	/ one) 17	
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	NAME OF COMMITTEE (In Full) TIM RYAN FOR CONGRESS					
۹.	Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS			Transaction ID: D3739 Date of Disbursement		
	Mailing Address PO BOX 75214				$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
		State Zip Code DC 20013			Amount of Each Disbursement this Period	
	Purpose of Disbursement Federal Contribution				1000.00 Refund or Disposal of Excess	
	Candidate Name Chet Edwards			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: X House Senate President State: TX District: 17	ment For: 2006 Primary X Genera Other (specify) ▼	al			
3.	Full Name (Last, First, Middle Initial) CHRISTINE JENNINGS FOR CONGRESS			Transaction ID: D3693 Date of Disbursement		
	Mailing Address 8211 241ST STREET EAST				$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & 0 & 6 \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$	
	,	State Zip Code FL 34251			Amount of Each Disbursement this Period	
	Purpose of Disbursement Federal Contribution				Refund or Disposal of Excess	
	Candidate Name Ms. Christine Jennings			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: X House Senate President State: FL District: 13	ment For: 2006 Primary X Genera Other (specify)	al			
Э.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE			Transaction ID: D3747 Date of Disbursement		
	Mailing Address PO BOX 1776				$\begin{bmatrix} M & M & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$	
		State Zip Code PA 15042			Amount of Each Disbursement this Period	
	Purpose of Disbursement Federal Contribution				Refund or Disposal of Excess	
	Candidate Name Category/ Type				Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: X House Disburset Senate President State: PA District: 04	ment For: 2006 Primary X Genera Other (specify)	al			
SUBTOTAL of Disbursements This Page (optional)						
TOTAL This Period (last page this line number only)						